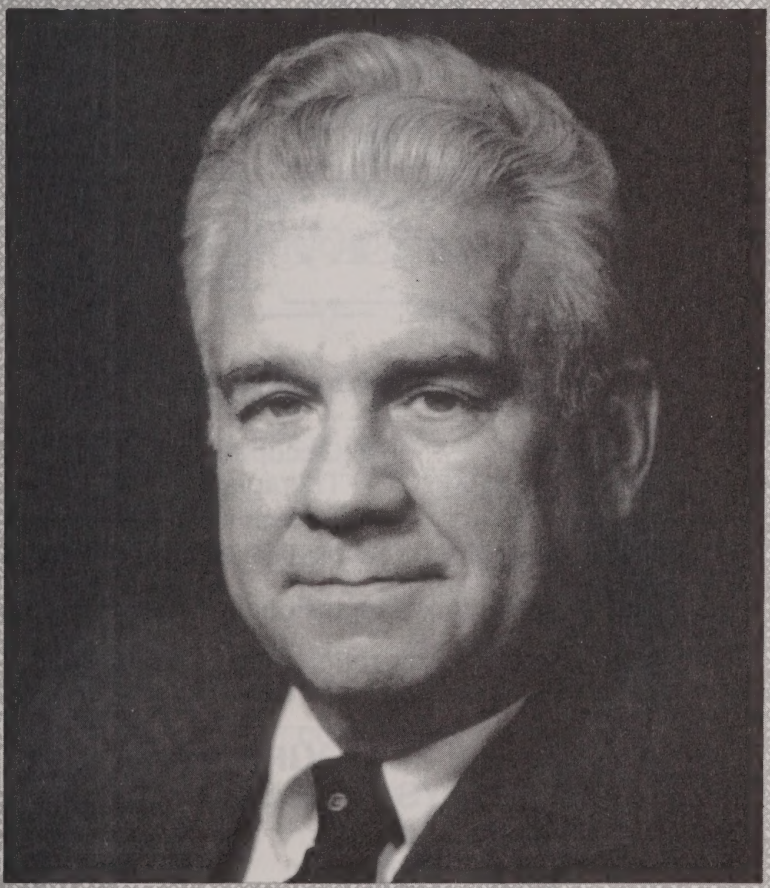
The Hampden Hippocrat

April 1984



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HAMPDEN DISTRICT MEDICAL SOCIETY 1983-1984 SEASON

Annual Meeting with Auxiliary

PLACE:	Quality Inn Chicopee, Mass
DATE:	Tuesday, April 24, 1984
BUSINESS MEETING:	6:00 P.M. Dr. Wm E. Callahan BAY PAC
SOCIAL HOUR:	7:00 P.M.
DINNER:	7:30 P.M. Spouses are welcome
SPEAKER:	Percy Wadman, M.D. Past President, MMS
SUBJECT:	Hospital and Medical Staff Cooperation

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APRIL 1984 VOL.XXXXI NO. 12

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.

THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.

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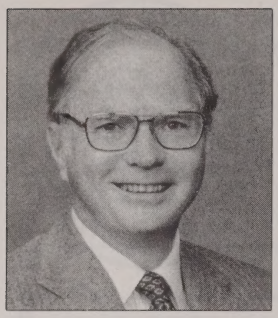

Terry D. Ryan, M.D.
President

PRESIDENT'S PAGE

Physician Fee Freeze? Why?

What lies behind the AMA's request for a physician fee freeze? The Rostenkowski Amendment concerning Medicare payments to physicians appears to the most likely impotus. This piece of Congressional legislation, which may have already been voted up or down last month, has three parts.

1. A rollback of physician payments to the level of June, 1983 and freeze of them at that level for six months.
2. To make mandatory the acceptance of assignment of in-patient Medicare fees.
3. To force hospitals to have 100% participation of their medical staff in an agreement to accept assignment in order for the hospital to be eligible for Medicare payments.

This amendment would be a disaster for the entire Medicare system, totally disrupting the patient/physician relationships. Perhaps the AMA felt that a temporary freeze would put it in better position to fight such permanent alteration of these physician-hospital-patient relationships. Isn't it a complicated world?

The next spectre on the horizon is probably a DGR system for physician payments under Medicare; this appears to be following fast on the heels of hospital DRG prospective pricing systems in spite of the fact that it will be several years before Medicare will know how well that system functions. If of when physician DGR payment occurs, it will probably be linked to hospital DRG payments in such a way that hospitals and medical staffs will need to develop joint venture organizations on a partnership of equal basis to keep the flow of payments even and equitable. Such joint ventures will be the primary topic of our annual meeting this April 24. Please come, as we all need to be educated rather quickly in this new arena. Dad never said it would be THIS complicated.

Having almost full cycle in my term I find I have changed my outlook somewhat. I began with the idea that we needed freer and wider discussions amongst ourselves and various problems. I still

believe that this is important, but having had the opportunity to talk with the public, the legislators, and the press on issues such as fluoridation, mal-practice premiums, workmen's compensation, Medicaid Chapter 372, DRG's and mandatory assignments of Medicare, and the like I found the level of knowledge and understanding of these issues incredibly lacking at all levels.

I believe that the most important thing that we can do is to educate the public directly, slowly, patiently, but consistently, over a long period of time by direct public information campaigns. We cannot expect members of the media to pass on our message to the public and to our legislators when the media itself is largely uneducated on these issues. To accomplish this your Executive Committee has given Lorne Smith and me permission to purchase space in the Springfield Republican on a Sunday in March and a Sunday in April to begin a public discussion of such Medical-Social-Economic-Problems. If you think we are on the right track, we will ask you to approve further financial support of such public education columns. Educating the public will be a long road to travel, but there is no place to begin but at the beginning. Watch for our column "SECOND OPINION" in the Springfield Republican. □

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DRG's for Physicians

All of you who read this are aware of Diagnostic Related Groups. A surprising number of physicians claim to be unaware of DRG's, presumably because they do not read articles like this. None of us knows how much DRG's will affect our future, but some people think they will revoluntionize the delivery of medical care.

The only certainty is that the economics of medicine are changing. We are reaching the end of a forty year period of cost-plus financing of hospital care. Prospective pricing is here to stay. In most of the country, hospitals are now paid for Medicare patients by the hospital stay, not by the hospital day. These payments are determined by 463 diagnostic groupings, with a lump sum payment for each admission for "uncomplicated peptic ulcer over age 70, with complicating conditions", (DRG 178) regardless of whether patient stays 2 days of 15 days. Local financial experience currently predominates, but will be phased out over a 4-year period to regional urban and rural standards.

The goal of the system is more efficient utilization of hospital resources. The potential for manipulation of the system is obvious. Independant review mechanisms are compulsory and will monitor appropriateness of classification, repeat admissions, referral patterns, and outliers. The latter are unusually long or costly hospital stays where 60% of the additional expenses can be recouped by the hospital. Since only Medicare patients are affected, cost-shifting is still possible. This luxury is undoubtedly temporary, since all other third-party payers are watching DRG's closely. There are no current significant national efforts apparent to reverse the spread of the DRG system.

Why should Massachusetts physicians be concerned about DRG's? We have Chapter 372 instead, which is an all-payer system that limits cost-shifting, caps the entire hospital budget for a year at a time, and approaches the same goals in a less cumbersome fashion. There are several reasons.

First, Chapter 372 will continue only if the federal government extends the Medicare and Medicaid waivers granted 1½ years ago. This is contingent on demonstrated savings under Chapter 372 as compared to the DRG system and national Medicaid experience. If extension is denied, Massachusetts will be plunged into the DRG system without the phase-in enjoyed by the rest of the country. We need to understand both the devil we have and the devil we may get.

Secondly, DRG's are already in use in Massachusetts. They are needed for the demonstration of Chapter 372 "savings". They are also an excellent way of quantitating the effect of each physician's practice patterns on the hospital's bottom line. A complete printout of each hospital stay is easily grouped to identify which DRG's cost the hospital too much and which are profitable. Grouping by physicians pin-points those doctors who are losing money for the hospital. We are all familiar with the need to change our practice patterns in

response to scientific advances. We have gradually adapted to a concern for shortening hospital stays. But this is the first time that hospital profits will become a yardstick for physician performance. Local hospitals are collecting such data. Physicians need to monitor the accuracy of such data and its use. The AMA House of Delegates recently voted that such data should be "only one of the criteria employed in the reappointment process" for medical staff privileges.

Thirdly, physician payment by DRG is only a matter of time. Paul Elliott told the AMA Hospital Medical Staff Section that the only barrier to their introduction was available federal computer capacity. It has been suggested that a single DRG payment be made to the hospital for each admission, *including physicians' fees.* Each physician would then receive payment from the hospital. Even if this concept is discarded, lump sum payment of physicians for each Medicare hospital admission can be anticipated in two or three years.

For these reasons, Massachusetts physicians need sturdy DRG's closely. We need to be sure that our diagnoses are codable under the DRG system. We need to know which modifiers are important and what alternatives exist in our own practice areas. If we don't, record room clerks will be misrepresenting our practice. Our hospital will suffer first, but not for long. Society is demanding a new form of accountability and we had better be ready. □

GARRY deN. HOUGH, III, M.D.
Associate Editor

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1984 A.M.A. Leadership Conference

The 1984 AMA Leadership Conference was both a memorable and worthwhile experience.

It was held at the magnificent Downtown Marriott in Chicago. We learned that the AMA is part owner of this hotel. The arrangements and facilities were excellent. The AMA demonstrated superb staff work.

There was a large delegation from Massachusetts. Drs. Ryan, Siragusa, and I represented the H.D.M.S. The discussions during meals and coffee breaks were lively and valuable.

The sessions were divided roughly into two areas - How to do it - and problems and strategies for dealing with these problems.

We could learn how to write a speech or to conduct a meeting, and tips on how to dress for TV were well presented. How to approach and hopefully influence legislators was a recurrent subject.

The remainder of the program was devoted to the issues and events we must deal with now and in the near future. Here the word came hour after hour in a numbing avalanche of bombshells. The atmosphere varied between being in a trench awaiting the final big push by the other side in a long war when there was no doubt as to the outcome or being in a football locker room at halftime with the score 50-0.

The issue to which most time and anxiety was devoted was the present and future activities by the federal government in the ares of cost containment and the impact that these efforts will have on our profession.

The DRG system of hospitalization reimbursement for Medicare patients is now in place in most of the nation. We in Massachusetts have, instead, Chapter 372. The DRG system may be upon us before long. The government is considering a variety of mechanisms to apply a similar system to physicians. Over and over we heard that the physician is in the firing line. There is no question that reimbursment mechanisims and physicians' activity will be modified significantly. The only question is how much and how soon. It was my impression that Congress will act in early 1985. The need for effective dialogue and influence upon members of Congress will never have been greater. No issue is more important today and for the next decade than the form in which cost containment is applied to physicians.

It was our impression that fee freeze was partially motivated as a move to improve our bargaining position during the coming debate.

The DRG method reimbursement for physicians will undoubtedly be the subject of many articles in this and other publications. Food for thought is the various DRG models mentioned. The worse case is global payment to the hospital for all services rendered to a patient -hospital and physicians lumped together. A second method would have all physician services for an individual patient to be paid to the hospital and then divided.

Legislation is now pending to force physicians to accept Medicare assignment for hospitalized patients with loss of admitting priviledges being the lever of enforcement.

Legislation is now pending that would give the Secretary of HHS the authority to determine who may perform certain procedures and where they can be performed in addition to determining upon whom these procedures can be performed.

The speakers at the general sessions were excellent. One perceived sharp talented people representing us as officers of the AMA. The AMA staff was most impressive. They are trying their best to represent the interests of all physicians.

We left Chicago stimulated to bring the message home. Changes in the health care world are coming faster than we like. Physicians are the focus of a broad based political effort to curb the cost of health or illness depending upon one's viewpoint. Some of us will be wiped out in the process. The need for clear thinking and intelligent leadership is unprecedented. Organized medicine will play an increasingly important roll in furnishing information and guidance. The immediate future will be at best interesting and tumultuous.

I heard only two promising comments at the conference. One knowledgeable speaker advised that he considered National Health Insurance of a total government takeover less likely now than ten years ago. The second was that the vast majority of U.S. physicians are not advertising even though ethical restraints have been removed. □

LORNE C. SMITH, M.D.

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Executive Committee Annual Report

The Executive Committee met monthly from September through June. Dr. Terry Ryan, President, presided at all meetings. Mrs. Vincent Guardione, President of Hampden District Auxiliary represented the Auxiliary at the meetings.

In March Dr. DiGiacomo of the Public Health Committee attended to get delineation of duties of his committee in setting up TV and Radio programs for the Society. These were sloted for weekly presentations.

Reports from the Executive Committee of MMS were given periodically by Drs.: Hough and Siragusa. The main topic was the Endicott Report. Financial status of the Hampden Hippocrat was reported at the meetings by Dr. Pacosa. Later in the year discussions of retirement of Mrs. Purdy and obtaining a successor to fill the Executive Secretary and Hampden Hippocrat positions were held. An Ad Hoc Committee was appointed to help the Hippocrat.

The Committee voted 50% reduction of dues for the first year for any new member and a Joint Membership dues was established for husband and wife members. At Dr. Ayres' request the Committee asked MMS for $5,000 contribution to promote Fluoridation in Springfield to be voted on in November election. This was approved by the Massachusetts Medical Society. Membership of H.D.M.S. in TAPPA program was effected. A special contribution to Springfield Business/Medicine Coalition was approved.

The officers of the Committee held interviews with prospective persons to replace Mre. Purdy at retirement in December. They unanimously voted to hire Mrs. Carol Nystrom to start her duties August 1, 1983.

Dr. Izsak and Dr. Slachta were appointed to the MMS Council to replace Dr. Smith and Dr. Siragusa who became ex-officio council members.

In June Dr. Garry Hough was appointed Chairman of the subcommittee of the Public Health Committee planning television programs with Cable TV. Six other physicians were appointed to this subcommittee.

A day long Wellness and Cost Containment Conference was held in Springfield in November for district members with Dr. Ryan in charge.

A Non-Dues Income Committee was begun with Dr. Lefer in charge. Brochures from INTRAV Travel Agency for H.D.M.S. trips were circulated during the year.

The Committee voted to continue CME requirements as they are and communicate this to MMS. Dr. Victoria Levander was appointed Assistant Secretary to the Society.

In November Dr. William Coen attended and presented the Scholarship Committee report with request for increased contribution to this fund and this was granted at a subsequent meeting.

A special meeting of the H.D.M.S. was held on November 16, 1983 at Chez Josef in Agawam to honor Mrs. Vivian M. Purdy, Executive Secretary, on her retirement after 23 years of service to the Society. This was a festive occasion with Dr. Philip Stoddard in charge. The President, Executive Secretary and Assistant Executive Secretary of MMS attended.

Monthly reports from the Committee on Education and the Library were received. The Massachusetts Medical Society will contribute $5,000 to the Library Budget. All Committees and Subcommittees functioned well during the year. □

Respectfully submitted,
WILLIAM W. WALTHALL, JR., M.D.
Secretary
Hampden District Medical Society

Committee on Insurance

Excellent group plans for life, health, accident and disability insurance are available to members of H.D.M.S. and their employees. Several recent years developments have occurred.

The group life insurance program in the very near future, significantly reduce premiums for younger physicians and purchasers of large polocies. This program is very suitable for the incorporated physician using life insurance as a fringe benefit.

The maximum benefit for disability insurance will be increased during the coming year. The increase will also apply to office overhead insurance and the return to work bonus feature available for both types of insurance. These programs have features almost identical to the best individual disability plans at approximately one half the cost. The increased limits will permit a physician to obtain additional coverage when such may otherwise not be available.

The new health insurance program has been well received. This program features a percentage deductible for various services and very broad coverage. Dependent students are covered through age twenty five. There have been very few denials to pre-existing conditions. The underwriters have been extremely liberal in this regard. The maximum age of enrollment has been increased to age 62 if the physician if incorporated and if one additional policy is purchased by either another physician or an employee. A program for supplemental insurance to Medicare is available for physicians over age 65.

All of the changes referred to in this report have been requested by the Committee for Members Insurance Programs of the Mass. Medical Society. All programs are administered by Lester Burdick Inc., Boston.

LORNE C. SMITH, M.D.
Chairman

Annual Report — Health Care Committee

The Health Care Committee, restructured in 1983, combines the duties previously assigned to the Health Planning Committee and the Committee on Medicine/Business Coalition. It continues to consist of the 10 members of the society actively engaged in the work of the Greater Springfield Health Care Coalition. Committee members function primarily as members of the Coalition steering committee or one of its six forces - Data Collection and Analysis, Benefit Plan Design, Health Planning, Delivery Systems, Health Education, and Workmen's Compensation. The committee meets quarterly to review task force progress and coordinate medical input. The Coalition was formed in response to the needs of the business community for health care cost containment. The goal of HDMS is to acheive this without compromising quality of care.

The task forces are charged with preparing short term and long term goals. The field of health care delivery is changing so rapidly that goals become obsolete before they are adequately defined. Program development has had to be concurrent. Two seminars have been held, a half day program on Workmen's Compensation and a full day session on Weliness prepared by the Health Education Task Force. Each was well attended and served to publicize the concerns and activities of the Health Care Coalition.

The work of the Coalition was delayed by the simultaneous departure from Springfield of the chairmen of the steering committee and its loaned executive. Current reorganization promises to result in a stronger, more active organization with more wide-spread influence in the community. The Chamber of Commerce continues to support the Coalition with money and manpower.

There are about 150 such coalitions in the country. Only half have medical representation and only a handful were instigated by medical societies. Very few have developed the broad base of community support and the pervasive spirit of cooperation that we have in Springfield. Additional physicians are needed to work on these task forces, especially in data collection and analysis. Let us know your area of interest and you can help improve the roll of medicine in the Springfield area. □

GARRY deN HOUGH, III, M.D.

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Springfield Academy of Medicine Health Sciences Library Report

The SAM Health Sciences Library has experienced a very productive year.

Requests for photo-copy material from HDMS members, affiliated hospitals, local colleges and the general public reached an all time high of 648.

The number of visitors to the library has also increased considerably and included one visitor from London, England who was impressed with the extent of our journal collection as well as with the historical collection.

Numerous books have been added through donations. Nine current books have been purchased which include O'Donoghue's *Treatment of Injuries to Athletes,* Grant's *Handbook of Total Parenteral Nutrition,* Ramsey's *Neuroradiology with Computed Tomography,* and Salvatore Fiscina's *Medical Law for the Attending Physician.*

In March a workshop sponsored by the Mass. Health Sciences Library Network was held at the Mass. Medical Society headquarters in Waltham to explain the new procedures instituted by the New York Academy of Medicine, which now serves at the Regional Medical Library for the National Library of Medicine. The Mass. Health Sciences Library Network (Mahslin) is preparing the 3rd edition of its Union List of Serials. Each medical librarian will be responsible for updating her list of holdings which will be no small feat for the Academy library which contains holdings for 302 journals.

The Mahslin List will then be integrated into the Greater Northeastern Regional Medical Library Union List serving all of New England, New York, New Jersey, Pennsylvania, and Puerto Rico. It should also be mentioned that Mahslin was the first Consortium organized to serve small hospitals. Originally such exchange services were only available between major city hospitals and associated medical schools. Several states are now in the process of establishing their own medical library networks, the latest being Texas.

It is an exciting time in the development of medical libraries and I am pleased to be a part of it. □

MARGARET STOLER
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Membership Committee

As Chairman of the Membership Committee, I report to you that short of many unofficial meetings, singularly or in groups, I had actually two meetings of my committee. I will say they were well attended, and sparked with enthusiasm.

Our task is "simple". We have to reach 150 physicians in our area who are non-members. To this effect, everything has been set in motion. Personal contacts, friendly approaches, and diplomacy are just a few of our techniques.

I must not take all the credit for this, for I am surrounded by a team of excellent co-workers. I have of add that a number of colleagues, not actually members of my committee, are likewise acting in favor of appropriate recruitment in a magnificent way. I feel proud of serving my medical society surrounded by such splendid cooperation. □

FRANCO M. NAVAZIO, M.D.
Chairman

Ad Hoc Committee on Non-Dues Income

The purpose of this Committee was to explore the desirability and feasibility of generating non-dues income for the Medical Society. The following topics were considered: 1) continuing medical education program for physicians; 2) educational programs for non-physicians; 3) office products and services; 4) auto leasing program; 5) management services; 6) tax services; 7) printing services; 8) travel.

After investigating all of the possibilities, the Committee felt that the area most likely to be successful was in the field of travel services. Simultaneously with the Committee, Vivian Purdy had investigated this possibility and had spoken with Intrav. Intrav would pay expenses, guarantee departures, use the mailing list for the State Medical Society, pay the Hampden District Medical Society the cash equivalent of one passage for each forty paying passengers on a pro-rata basis. This was passed by the Executive Committee of the Hampden District Medical Society and the members were notified.

Although other possibilities exist, there does not seem to be a consensus, nor does there seem to be interest, to pursue other areas at this time. □

LEWIS G. LEFER, M.D.
Chairman

Publication Committee

A TIME TO CHANGE:

The function of the Hampden Hippocrat since its beginnings in 1942 has been to stimulate and inform its members. Journals are divided into two groups — the medical recorders and medical newspapers. The former reserve their pages for new observations, experiments and techniques; the latter have as their function to inform, interpret, criticize and stimulate. The Hampden Hippocrat has always taken the latter role, this has been especially true with Vivian Purdy as Managing Editor and myself as Publication Committee Chairman.

With Vivian's retirement, I feel that it is time for change. With the able assistance of President Terry Ryan and President-Elect Lorne C. Smith, a transition was made and the task is to be turned over to a trio of physician-editors.

Many thanks to all members of the Society for allowing me the privilege; special thanks to President Terry Ryan and President-Elect Lorne Smith. Best wishes to Drs. William J. Baker, Terry Ryan and Nicholas Coe. The *Hampden Hippocrat* is in good hands. □

WALTER J. PACOSA, M.D., Chairman

Public Health Committee

The Public Health Committee continued discussions with local TV and cable stations regarding public health programs. A subcommittee was established to follow up on these discussions.

The committee submitted a recommendation to the Executive Committee regarding the Society's position on nuclear war. The Executive Committee revised the recommendation slightly and submitted the proposed resolution to the January Society meeting.

The Public Health Committee also made recommendations regarding the replacement of the Commissioner of Public Health.

Throughout the year, the Committee evaluated the new EMS System and pre-hospital care protocols. □

ENZO V. DIGIACOMO, M.D., Chairman

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Medico-Legal Committee

The Medico-Legal Committee had two lengthy sessions with lawyers from the corresponding committee of the Hampden County Bar Association. The results of these deliberations were published in an article in the Hampden Hippocrat in May, 1983. The same article was re-printed in a newsletter of the Hampden County Bar Association on June 13, 1983.

Assistance was given to physicians for a small number of personal medico-legal problems in the past year. □

LESTER FRANK, M.D.
Chairman

Legislative Committee

The 1984 legislative session has begun. Hopefully, this will be a better year for the interests of our patients and for the practice of medicine than was the past year.

The only medical society sponsored legislation which became law was H. 3724 - an act requiring that driver trainees wear three-point automobile safety seat belts while undergoing driver education training. This bill passed in a revised version, H. 6305, and was signed into law in June.

Senate-594, and act to expand health care for nursing home patients, was signed into law as a substituted bill, H. 6785. This bill effectively gave nurse practitioners and physician assistants the right to prescribe certain controlled substances for nursing home patients. This bill would have passed in 1982 except for Gov. King's veto. The Legislative Committee at Mass. Medical Society felt that with Gov. King gone that Gov. Dukakis would definitely sign the bill. Therefore, even though it would appear that support of this bill would be contrary to the best interests of medicine, the MMS decided to support it in the hopes that we would be able to get some amendments into the bill, which we were able to do. As the representative of the Hampden District, I opposed supporting this bill in any form. I felt support of this bill essentially supported the para-medical professions which were usurping the rights and responsibilities of the medical profession.

Two major setbacks were that no effective action was taken on H. 943 (the workmen's compensation bill), nor on H. 916 (A bill to establish a commission to study non-profit hospital and medical service corporations, e.g. Blue Cross-Blue Shield). Both of these bills have been refiled by the medical society this year.

This year the medical society will again file bills to clarify the definition of an expert witness in malpractice cases, hopefully, to rid us of the "hired guns." Also, new legislation will be filed to re-establish a more period of limitations for malpractice cases. These bills were filed last year and ordered to study by the Committee on Insurance.

Hopefully, this year they will get a more thorough look with more favorable action.

In 1984 the MMS is filing two bills aimed at decreasing the carnage on our highways. One bill will raise the drinking age from twenty to twenty-one. The other bill will lower the level of blood alcohol used as a determination of operating a motor vehicle under the influence of an intoxicating substance from .10 to .08.

Despite the efforts of many people locally and in Boston, medicine has not been successful in lobbying its, point of view to legislators. Apathy at the grass roots level is probably the biggest deterent to effective lobbying. We, as physicians, can do three things: 1) get active in your medical society and the legislative process; 2) if you know your local senator of representative, and they are worthy of your support, support their campaigns - both financially and physically; 3) join Baypac. Baypac is the political action committee for physicians and friends of medicine in our state.

Only with your efforts and encouragement can we be effective in achieving those goals which will provide better care for our patients in an environment which is acceptable to physicians. □

TERRENCE M. O'NEILL, M.D.
Chairman

Mediation Committee

The Mediation Committee reviewed eighteen cases through March 1, 1984. Seventeen were patient/physician oriented and one was a patient/mecical records problem.

I wish to thank my loyal, hard working committee members for their help in resolving these differences. □

NORMAN EPSTEIN, M.D.
Chairman

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Education and Library Committee Report

The Committee on Education and the Library is completing the third year as a responsible body for the Springfield Academy of Medicine, having met ten times throughout the year.

The CME subcommittee, chaired by Dr. H. David Willcutts has been busy throughout the year. For the first time, lectures granting CME credits have been provided to sustaining member organizations at a nominal cost per credit which will help maintain the present dues rate received from the HDMS.

In February, as a result of Dr. James Fitzpatrick's solicitation, $5,000 was granted to SAM by the Massachusetts Medical Society. A large percentage of this grant will be used to begin binding journals, a practice halted in 1978 for financial reasons.

I wish to extend my thanks to Dr. Terry Ryan and the HDMS Executive Committee for their continued support and concern throughout this past year. □

RICHARD KANE, M.D., Chairman

Medico-Religious Committee

The Medico-Religious Committee has met every two months this past year. The meetings have been attended by a number of physicians and a good representation from the clergy.

At the last committee meeting, the suggestion was made to have the September District Society Meeting be voted to a medico-religious theme. It was suggested that a main speaker be invited who would have a special interest in this area. It was also suggested that the clergy of our area be invited to attend this meeting.

The Executive Committee endorsed these suggestions at their March meeting. □

JAMES G. FITZPATRICK, M.D., Chairman
Medico-Religious Committee

Public Relations Committee

The Public Relations Committee continues to have cordial relations with the media, responding to their requests for information and comments on vital health care issues. We have enjoyed another year of symbiosis, (defined in, "Webster's New School & Office Dictionary", as "the partnership of dissimilar organisms which association though at times harmful, is usually advantageous"). □

BERNARD BLOOM, M.D., Chairman

Ad Hoc Committee on Nutrition

The Ad Hoc Committee on Nutrition has completed its 7th year. Finalized Position Papers this past year included "Nutrition and Cancer, "Nutrition and the Premenstrual Syndrome." Papers being worked on at present include "Fast and Convenience Foods" and "Breast Feeding." Dr. Eduardo N. Siguel of the Human Nutrition Research Center, Tufts New England Medical Center, is doing a study on *The Role of Acquired Disorders of Fatty Acid Metabolism* and will shortly offer the medical community a means of measuring free fatty acids through the Human Nutrition Research Center.

The assistance received by the Massachusetts Medical Society Committee on Nutrition from the Hampden District Medical Society's Nutrition Committee was again mentioned and is very much appreciated.

The Committee is looking forward to a challenging year and would be most happy to receive suggestions for areas of future concern from members of the Hampden District Medical Society and would, indeed, welcome any members who would like to be on the Ad Hoc Committee on Nutrition. □

HARRISON D. WILLCUTTS, M.D.
Chairman

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Scholarship Committee

The Scholarship Committee met and reviewed applications from medical students for financial aid.

Fifteen students received aid from two separate funds. Five of these students were female.

The Committee requested a budget figure of $10 of the 1984/85 dues to increase the amounts of scholarships given. This was approved by the Executive Committee and presented and approved by the membership at the January District Meeting.

Requests for scholarship application forms are presently arriving at the office for the 1984/85 year. □

WILLIAM COEN, M.D.
Chairman

Dr. Max & Ida L. Millman Foundation

Scholarships are also available to medical students through the Dr. Max and Ida Millman Foundation. Fifteen students received funds from this account for the 1983/84 school year.

Generous donations from members and friends of the Millman Family have been received during the year. □

WILLIAM COEN, M.D.
Chairman

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Tax Supported Medical Care

This committee has been coordinating efforts with the corresponding committee of the Mass. Medical Society (Dr. Siragusa, Chairperson).

Questionnaires have been sent to HDMS members to gauge the degree of participation in Medicaid. Responses are coming in at this time (March 6, 1984). Results will be published as soon as possible. □

WALTER F. TAUBER, M.D., Chairperson

Bylaws Committee

During the year several questions were answered, but no bylaw changes were recommended. A suggested amendment to the Committee on Publications has been proposed. An attempt to review the bylaws of Massachusetts Peer Review, Inc. (created by our dues monies) was refused by a letter stating that the Directors of Massachusetts Peer Review, Inc. will *only* provide their bylaws to members. This is a strange and high-handed attitude. □

JAMES D. ALLAN, M.D., Bylaws Chairman

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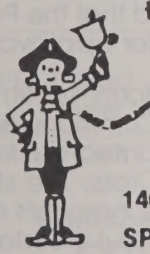

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MMS Executive Committee Meeting: March 14, 1984

1. Much of the meeting was consumed with the usual array of housekeeping items. There were several discussions and decisions of note.
2. The Committee voted to request that the Council reconsider the issue of CME credits. It was felt that for the Society to keep track of CME credits it should be a service to members, not a gestapo tactic. Membership in the Society requires Massachusetts Licensure, which requires that CME requirements by met. Let physicians use any organization they wish to keep track of their credits. Why require that they also submit them to Massachusetts Medical Society?
3. It was also voted to ask the Council to reconsider the by-law that requires payment of past dues for a physician who wishes to rejoin the Society. It was felt that there are many who have left the Society in the past for what they considered good reason, but who now wish to rejoin. We should encourage the return of our prodigal sons/daughters.
4. Garry Hough presented a position paper on Workers' Compensation which was well received. It was recommended that the President present the paper as written to the Council for approval.
5. A resolution was presented that stated: "A uniform system of Utilization Review shall be developed in the Commonwealth under Chapter 372. Utilization Review shall be carried out by a Peer Review Organization independent of Blue Cross. The standards developed shall apply equally to all payors, hospitals and patients." This resolution needs some cleaning up but it certainly fits in well with the Dr. Ryan's comments in the March Hippocrat concerning the Blue Shield new plan in which they have unilaterally decided to establish themselves as the appropriate review body.
6. The most important item on the agenda was the freeze on physicians' charges. I expect you have all read enough in the paper to tell you what the Committee's thoughts are. I was personally impressed at the recent AMA Leadership Conference that there were many very important people in many walks of life (politics, journalism, economics, literature, etc.) who were very impressed with the sincerity of the AMA's action. I think we should take advantage of that perception. □

J. J. SIRAGUSA, JR., M.D.
Executive Councillor

SINCE 1907

Continuing Medical Education Program

SPEAKER:	ALBERT BOTHE, JR., M.D.
SUBJECT:	LIVER TRANSPLANTATION
DATE:	APRIL 9, 1984
WHERE:	PROVIDENCE HOSPITAL
TIME:	7:30 p.m.
CME CREDIT:	2 hours Category 1, Springfield Academy of Medicine

Dr. Bothe, Jr. is Assistant Professor of Surgery at Harvard Medical School and he is Assistant to the Chairman, Department of Surgery, at the New England Deaconess Hospital in Boston.

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IN MEMORIAM

When Howard N. Simpson, MD related one of his many stories, listeners enjoyed the way he told it, with chuckles and outright laughter, just as much as the "punch lines", and the way he would wipe his glasses off and mop his moist, reddened brow afterwards. Howard died on January 21, 1984 and all who knew him were saddened.

He was born in Hazardville, Connecticut on January 12, 1910. His father was a butcher and a state legislator; his mother died after his birth. He was brought up by relatives and graduated from Central High School in Springfield where the yearbook noted his "gift of oratory" and his "way with words". He graduated from Harvard's College and Medical School and had his Internal Medicine training at the Springfield Hospital and the Lahey Clinic before World War II.

During World War II he was a flight surgeon in the Army Air Force, spending considerable time in North Africa. During this time, he had poetry published in the Saturday Evening Post.

Returning to the Springfield area after discharge, he practiced Internal Medicine and continued to write, with articles published in the New England Journal of Medicine and the Journal of the AMA. Many of his writings were published in the pages of this Journal where he served for many years on the Publications Committee.

Becoming interested in Insurance Medicine, he joined the Monarch Life Insurance Company as Medical Director and he continued to write and collect historic material about Connecticut Valley and Massachusetts medicine.

He became a full-time Vice President of Monarch in 1969, and retired in 1976, where upon he had published his book, *"Invisible Armies, The Impact of Disease on American History"*. He was active in community affairs, most notably, perhaps, as a Trustee of the Wilbraham Public Library.

During the last year and a half of his life he endured a gas explosion at his home, the deaths of his wife, sisters, and a grandchild, as well as disabling strokes. His determination, strong will and sense of humor sustained him to the end. He leaves three sons, six grandchildren and a great grandchild.

We will miss him, his wisdom and insight, his laughter, and his "way with words". □

W. J. BAKER, M.D.

Welcome New Members

John M. Blanchette, M.D.
575 Beech St.
Holyoke, MA 01040

BORN:	March 3, 1954
PREMED:	Boston University 1971-75
MEDICAL:	Boston University School of Medicine 1975-79
INTERNSHIP:	Mallory Institute of Pathology 1979-80
RESIDENCY:	Mallory Institute of Pathology 1980-81 Boston VA Medical Center 1981-83
SPECIALTY:	PATHOLOGY

Mahmoud M. Benbarka, M.D.
759 Chestnut St.
Springfield, MA 01107

BORN:	January 24, 1952
PREMED:	
MEDICAL:	Ain-Shams University Faculty of Medicine 1969-76, Egypt
INTERNSHIP:	Ain-Shams University Hospitals 1976-77
RESIDENCY:	Tripoli University Hospital 1977-79 Baystate Medical Center 1982-84
FELLOWSHIP:	University of Alabama Medical Center 1979-82
SPECIALTY:	INTERNAL MEDICINE

Leroy Charles, M.D.
120 Maple St.
Springfield, MA 01103

PREMED:	Centre D. Etudes Secondaries, Hati 1959-62
MEDICAL:	National University of Mexico & Universidad Autonoma of Guadalajara 1962-67
INTERNSHIP:	Hospital General deVerdun, Canada 1967-68
SPECIALTY:	OBSTETRICS/GYNECOLOGY

Satish Dasari, M.D.
759 Chestnut St.
Springfield, MA 01107

PREMED:	Central School Kanpur, India 1972-74
MEDICAL:	Guntur Medical College, India 1975-80
INTERNSHIP:	Baystate Medical Center 1983-present
RESIDENT	

"Gearing Up for Retirement"

The Mass. Medical Society sponsored a number of Management Workshops at the Boston Plaza Hotel on February 28th and 29th.

I attended the *Gearing Up for Retirement* Workshop on February 29th and I welcome this opportunity to share the experience with the Hampden District Medical Society readership.

The Workshop lasted the whole day, was well attended, and the fee included materials and lunch.

The Workshop principal and moderator was a very capable staff person of the AMA, based in Chicago. She was knowledgeable and was able to relate and correlate many of the facts of retirement facing physicians as a group and addressed individual considerations. The same can be said for the Mass. Medical Society staff person. The invited guest experts, with one not-so-notable exception, were obvious experts in their respective fields.

The broad areas of subject matter addressed were the aspects of closing and office, including notification of patients, retention of records, and selling a practice. Aspects of where to retire, including geography and activities were discussed. Aspects of how to retire, including realistic estimates of financial needs and desires, activities, lifestyles and goals. As well as aspects of financial planning and the great necessity for same before retirement were covered. Social Security and the need for an updated will were presented as well.

Discussed were many personal condiderations with ramifications of these and related areas — in which I had been woefully lacking in information or had not given consideration. I overheard one Workshop participant say that he could have done as well by just getting the book of materials and not having attended the session. I do not share this feeling. The Workshop for me was a tremendous benefit.

The underlying impression with which I came away was that, for me, experienced professional assistance including an attorney, an accountant and a financial planner are a necessary part of the preparation for retirement. I emphasize experience, as it was emphasized to me; not everyone who has the titles can serve your best interests. Another caveat; retire *to* something.

I have no hesitation in confessing that I do not always look with favor on every project that the Mass. Medical Society undertakes, but I wholeheartedly applaud the Mass. Medical Society for the content and caliber of the Workshop on *Gearing Up for Retirement*.

THURSTON L. GAINES, JR., M.D.

Notes and Quotes of Interest

The Human Services Training Institute of Springfield College will sponsor the 1984 Annual Northeastern Sports Medicine Conference, April 14-15 at the Sheraton-West Springfield. Two days of presentations and workshops will consider the athlete's relation to injuries, drugs, rehabilitation and much more. CMB credits will be available. Contact I. R. Desrosier, M.Bd. Human Services Training Institute, Springfield College, 263 Alden Street, Springfield, MA 01109. Telephone 413-788-331.

There is a **full time physician position** available in the Springfield Post Office - 5 day week, no "on call" duty. Duties consist of pre-employment exams, treatment of "on the job" injuries and preventive medical work in Health and Safety Programs. Applicants must be licensed, with approved internship and one year residency. Generalist training with special skills in preventive or occupational medicine is preferred. Salary: 38-45K. Resume should be submitted to John Wallace, Director of Employee and Labor Relations, U.S. Postal Service, 1883 Main Street, Springfield, MA 01101-9994.

This is the last call for the HDMS sponsored **Micro-Computer Seminar** at the Sheraton-West Springfield, all day May 2, 1984. CMB's will be given. Contact Elliot Stone, Executive Director, Mass. Health Data Consortium, Inc. at 617-890-6040.

TPN Pharmacy, Inc. of Springfield has instituted a new service for this area - a certified CIVAS - a central intravenous admixture service. All of the special drugs and solutions typically associated with the hospital pharmacy are stocked in the TPN Pharmacy, as well as the many other supplies, disposables and equipment aimed at the care of the patient at home or alternative settings. Call Roger Levitt, RPH, MSC at 734-8981. □

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Proposed Bylaw Changes

Proposed Bylaw Change RE: QUORUM

CHAPTER IV

4.00 MEETINGS AND PARLIAMENTARY AUTHORITY

4.101 **ANNUAL MEETING.** The annual meeting shall be held at least three weeks before the annual meeting of the Massachusetts Medical Society.

4.102 **REGULAR MEETING.** There shall be at least two other regular meetings.

4.103 **SPECIAL MEETINGS.** Special meetings may be called by the President or by the vote of the Executive Committee, and shall be called at the written request of twenty-five members.

4.20 **PARLIAMENTARY AUTHORITY.** All meetings of the Society shall be governed by the Parliamentary Rules and Usage contained in the current edition of "Sturgis Standard Code of Parliamentary Procedure" when not in conflict with these Bylaws.

4.30 **QUORUM.** Twenty-five members shall constitute a quorum.

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Proposed Bylaw Change RE: HAMPDEN HIPPOCRAT

7.04 **COMMITTEE ON PUBLICATIONS.** The committee shall consist of three members of the Society appointed for terms of six years except that the terms of office for the first committee established under this provision shall be for two, four, and six years respectively. Vacancies occurring other than by expiration of the term shall be filled for the unexpired portion of such term. The members of this committee shall be elected by the Executive Committee and will be designated as Board of Editors of the Hampden Hippocrat.

7.041 **HAMPDEN HIPPOCRAT.** SAME AS PRESENT

7.043 **FUNDS.** SAME AS PRESENT

7.044 **MEETINGS & MANAGEMENT.** The Board of Editors shall meet as often as necessary, but at least two (2) times a year, to run the financial, editorial, and publication duties involved with each issue of the Hippocrat. They shall share such duties among themselves as they determine. The Board of Editors shall submit an annual report to be sent to the Executive Committee no later than thirty (30) days prior to the annual meeting of the Society and shall be obliged to report to the Executive Committee at other times deemed necessary by the Executive Committee.

Note: These bylaw changes will be voted on at the April 24th Annual Meeting. □

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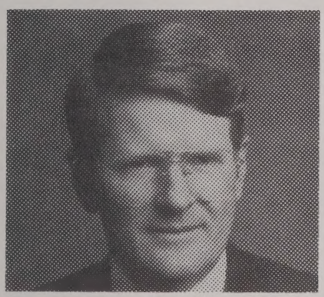

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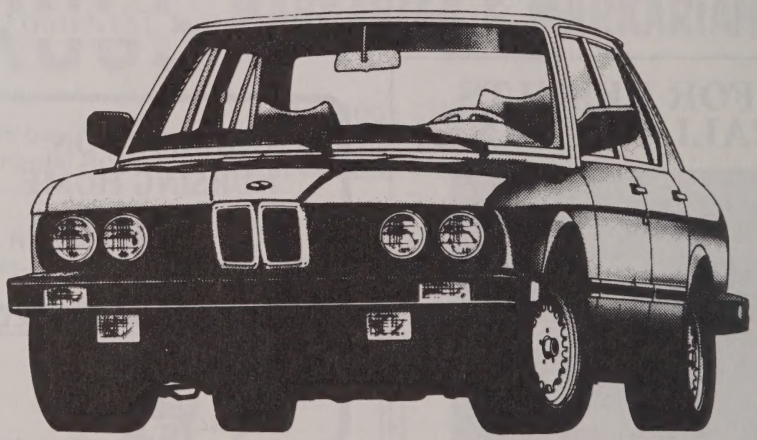

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